# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name

**CITY OF NEWPORT BEACH**  
Division, Department, or Region *(If Applicable)*

**Designated Agency Contact (Name, Title)**  
David A. Kiff, City Manager

**Area Code/Phone Number**  
(949) 644-3005

**E-mail**  
lbrown@newportbeachca.gov

## 2. Function or Event Information

**Does the agency have a ticket policy?** Yes [X] No [□]  
**Face Value of Each Ticket/Pass $** 30.00

**Event Description**  
**NB Film Festival - Sunset Reception**  
**Provide Title/Explanation**

**Ticket(s)/Pass(es) provided by agency?** Yes [□] No [X]  
**Date(s)**  
04 / 25 / 15

**Was ticket distribution made at the behest of agency official?** No [□] Yes [X]  
**If no:**  
Newport Beach Film Festival

**Name of Source**  
**If yes:**  
**Official's Name (Last, First)**

## 3. Recipients

- Use Section A to identify the agency's department or unit.  
- Use Section B to identify an individual.  
- Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role [X] Other [□] Income [□]  
Identify one of the following:  
Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event  
Ceremonial Role [□] Other [□] Income [□]  
If checking "Ceremonial Role" or "Other" describe below:  
City of Newport Beach Film Festival  
City Manager

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**  
David A. Kiff  
City Manager  
[Date]

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)